

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		08/19/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	8/23/00
FORMALITY REVIEW	<i>[Signature]</i>	72346	10-25-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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